| No. <b>C 154045</b>   | Due no later than Apr 30, 2015  | 2. Registered Agent and Address (NO PO BOX)   |          |            | PO BOX)        |
|---|---|---|----------|------------|----------------|
| Return to:  | Annual Report Form  | MICHELE CRONIN 1321 QUEEN OF THE HILLS DR HAILEY 83333  3. New Registered Agent Signature:* |          |            |                |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                  | 1. Mailing Address: Correct in this box if needed.  AIRPORT WEST LOT 1 BLOCK 2 SUB-ASSOCIATION, INC.  MICHELE CRONIN PO BOX 3696  HAILEY ID 83333 |   |          |            |                |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |   |   |          |            |                |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |   |   |          |            |                |
| Office Held Name  | Street or PO Address  | City  | State    | Country    | Postal Code    |
| PRESIDENT JAMES WH<br>TREASURER MICHELE C   |   | MEDINA<br>HAILEY  | WA<br>ID | USA<br>USA | 98039<br>83333 |
| 5. Organized Under the Laws of:  6. Annual Report must be signed.*  |   |   |          |            |                |
| ID  | Signature: Michele Cronin   | Date: 02/18/2015  |          |            |                |
| C 154045  | Name (type or print): Michele Cronin  | Title: Treasurer  |          |            |                |
| Processed 02/18/2015  | * Electronically provided signatures are accepted as original signatures.   |   |          |            |                |